

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8800 OF 13440

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

House Majority PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Myhra, Cindy, , ,

Mailing Address 8539 Red Mesa Dr

City
RiversideState
CAZip Code
92509-3256FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parkview Community Hospital

Occupation (for Individual)

Clinical Laboratory Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2019

Transaction ID : VN8FNKVVSJ3

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175091.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2019

Transaction ID : VN8FNKVVSJ3E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Myhra, Cindy, , ,

Mailing Address 8539 Red Mesa Dr

City
RiversideState
CAZip Code
92509-3256FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parkview Community Hospital

Occupation (for Individual)

Clinical Laboratory Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2019

Transaction ID : VN8FNKVWM41

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00